

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 083600001		CITY OR TOWN	NORTH BI	ROOKFIELD
APPLICATION FC	R RENEWAL:	Annual	LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME	: NO.BROOKFIELD	SPORTSMEN'S C	CLUB INC.		
DOING BUSINESS	S A				
ADDRESS 20 BOY	YNTON RD.				
CITY/TOWN: NC	RTH BROOKFIELD	STATE: MA	ZIP CODE:	01535	
MANAGER: cour	rchaine, phillip TYPE	OF LICENSE: CI	ub CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	S:			
	NTAINS KITCHEN, RI ND DINING ROOM.	ESTROOMS ANI	O MAIN HALL. CEL	LAR CONT	AINS
I hereby certify and	swear under penalties o	f perjury that:			
	wed license will be of the	* *	-		
	see has complied with a		· ·	taxes; and	
3. the prem	ises are now open for bu	asiness (If not exp	lain below)		
CICNED DV					
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp l (2) the certificate of li	ector and the hea	d of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
	,				
DATE			-		
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY LICI	ENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 083600002		CITY OR TOWN	NORTH BI	ROOKFIELD
APPLICATION FO	N FOR RENEWAL: Annual LICENSED FOR 2013		013		
		CLASS			YEAR
DOING BUSINESS	CHOOCH'S, INC. A CHOOCH'S FOOD AN	D SPIRITS			
	Γ BROOKFIELD ROAD				
CITY/TOWN: NO	RTH BROOKFIELD ST	ΓATE: MA	ZIP CODE:	01535	
	NFRIDDO, TYPE OF AN J.	LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES:				
	ME BLDG. WITH TWO SE STORAGE. OUTSIDE RE				
	swear under penalties of per				
	ved license will be of the sar		_		
	see has complied with all lav		•	taxes; and	
3. the premi	ises are now open for busine	ess (II not expla	iin below)		
SIGNED BY	Individual, Partner or Au	uthorized Corne	orata Officar		
	marvidual, Farmer of Au	monzeu Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in poor d by the building inspecto (2) the certificate of liquo	r and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600004		CITY OR TOWN	NORTH BE	ROOKFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: STILL HART'S, INC DOING BUSINESS A STILL HARTS ADDRESS 47 FOREST ST.	2			
	CTATE. MA	ZID CODE.	01525	
CITY/TOWN: NORTH BROOKFIELD	STATE: MA	ZIP CODE:	01535	
MANAGER: DOROS, STEPHEN TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE FIRST FLOOR, TWO FRONT ENTRANCE	ES:		FOR STORA	GE.
I hereby certify and swear under penalties of the certification of the c	e same type for the	monwealth relating to		
SIGNED BY Individual, Partner o	or Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICATI	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE N	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 083600005		CITY OR TOWN	NORTH BRO	OOKFIELD	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		3	
		CLASS		Y	EAR	
LICENSEE NA DOING BUSIN ADDRESS 11 M		ES, INC				
CITY/TOWN:	NORTH BROOKFIELD	STATE: MA	ZIP CODE:	01535		
MANAGER:	Eccleston, Jon C TYPE	OF LICENSE: Ge	neral on CA	ATEGORY: A	All Alcohol	
EMAIL ADDRI	ESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CORNER OF MAPLE & MAIN STREETS. FIRST FLOOR: LOUNGE, BAR & KITCHEN. SECOND FLOOR: OFFICE, BAR AND HALL. CELLAR USED FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)						
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer			
DATE:	TELEPHONE	NUMBER:		IDENTIFICATIO		
Acts of 2004, s	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the hea	d of the fire departr	nent for the al	bove	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	ING AUTHOR	RITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600010		CITY OR TOWN	NORTH BE	ROOKFIELD
APPLICATION FOR RENEWAL: Annual		LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: ST. JEANS COUNTRY	PACKAGE ST	ORE,INC.		
DOING BUSINESS A				
ADDRESS 221 MAIN ST				
CITY/TOWN: NORTH BROOKFIELD S	STATE: MA	ZIP CODE:	01535	
MANAGER: ST.JEAN,STEVEN TYPE OI M.	F LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE FLOOR WITH MAIN ENTRANCE ON ENTRANCE IN REAR.	MAIN STREE	Г. BASEMENT FOI	R STORAGE	WITH
the licensee has complied with all la 3. the premises are now open for busin SIGNED BY Individual, Partner or A	ness (If not expl	ain below)	o taxes; and	
individual, Faither of A	umorizeu Corpo	orate Officer		
DATE: TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	083600012		CITY OR TOWN	NORTHB	KOOKFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TRACEY A. BUTLE	R			
DOING BUSINESS	A BOB'S DELI & VA	RIETY			
ADDRESS 39 GROV	VE STREET				
CITY/TOWN: NOF	RTH BROOKFIELD	STATE: MA	ZIP CODE:	01535	
MANAGER:	TYPE	OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
STORAGE AREA, ENTRANCE/EXIT.	BACKROOM AREA A	ND BATHROOM	M WITH FRONT A	ND REAR	
I hereby certify and s	wear under penalties of	perjury that:			
1. the renew	ed license will be of the	same type for the	e same premises no	w licensed;	
2. the license	ee has complied with al	l laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now open for bu	siness (If not exp	lain below)		
SIGNED BY	T P 11 1 D 4	A .1 ' 1.0	. O.C.		
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:		AHH (DED	EMDLOVI	ER IDENTIFICAT	TION NIIMDED.
DITE.	TELEPHONE 1	NUMBER:		Individual Social S	
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	in)				
(ii disapproved exple	<i>)</i>				
					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083600015	C	ITY OR TOWN NORTH BR	OOKFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 202	13
	CLASS	Y	YEAR
LICENSEE NAME: AMERICAN LEG	ION, POST #41		
DOING BUSINESS A			
ADDRESS 163 NO. MAIN STREET			
CITY/TOWN: NORTH BROOKFIELD	STATE: MA	ZIP CODE: 01535	
MANAGER: MAXSON, TY MICHAEL R.	PE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMI			
TWO ROOMS IN BASEMENT OF BUI THE NORTH SIDE, ONE ON THE SOU			ITS ON
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the sa	me premises now licensed;	
2. the licensee has complied with	all laws of the Common	nwealth relating to taxes; and	
3. the premises are now open for	business (If not explain	below)	
SIGNED BY Individual, Partner	r or Authorized Corpora	te Officer	
21102111001111, 2 0111110	or raunorized corpora		
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION	ON NUMBER:
TELLITION	E NUMBER.	(Note: NOT Individual Social Se	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head o	f the fire department for the $arepsilon$	above
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 083600021		CITY OR TOWN	NORTH BI	ROOKFIELD
APPLICATION FOR RENEWAL: Annual		LICENSED FOR 2013			
		CLASS			YEAR
	ME: THOMAS F. WAUGH ESS A STATZ SPORTS PUR				
ADDRESS 341	NORTH MAIN STREET				
CITY/TOWN:	NORTH BROOKFIELD	STATE: MA	ZIP CODE:	01535	
	WAUGHT,THOMA TYPE O S F.	F LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	IAIL ADDRESS		
	OF LICENSED PREMISES:				
	E LEBEL BUILDING WITH A KITCHEN DINING AREA &		20 X 30 DECK IN 1	REAR 2	
I hereby certify a	and swear under penalties of p	erjury that:			
	enewed license will be of the s		=		
	censee has complied with all l		•	taxes; and	
3. the pr	remises are now open for busing	ness (If not expla	in below)		
GIGNED DV					
SIGNED BY	Individual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, si	igned, attest that we are in p igned by the building inspect and (2) the certificate of liqu	tor and the head	of the fire departn	nent for the	above
Please Check Below	<u>r:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVEI					
(If disapproved e	zapiaiii)				
DATE:					